REQUEST FOR IMPASSE DETERMINATION/ APPOINTMENT OF MEDIATOR

DO NOT WRITE IN THIS SPACE: Case No.:   Date Filed:

<u>INSTRUCTIONS</u>: A request for impasse determination must be filed with the appropriate regional office (see PERB Regulation 32075). A request which is not jointly filed must be served on the other party as required by Regulation 32792(b). Proof of service must accompany the request. Attach additional sheets if more space is required.

1. The employer of the employees in the established unit is an employer within the meaning of the :

> Educational Employment Relations Act (EERA) (Gov. Code, §§ 3540-3549.3).
> Higher Education Employer-Employee Relations Act (HEERA) (Gov. Code, §§ 3560-3599).
> Ralph C. Dills Act (Dills Act) (Gov. Code, §§ 3512-3524).

1. **EMPLOYER**	2. **EXCLUSIVE REPRESENTATIVE**
Name:	Name:
Address:	Address:
Agent to be contacted:	**Agent to be contacted:**
Name:	Name:
Title:	Title:
Agency/Firm:	Union/Firm:
Address:	Address:
""""" Vgrgr j qpg:	Vgrgr hone:
E-mail Address:	E-mail Address:

4. DESCRIPTION OF ESTABLISHED UNIT	5. APPROXIMATE NUMBER OF EMPLOYEES IN THE UNIT:
Shall Include:	
	6. DATE EXCLUSIVE REPRESENTATIVE WAS RECOGNIZED OR CERTIFIED:
Shall Exclude:	

7. <u>TYPE OF DISPUTE</u>

> Initial Contract   Successor Contract   Reopener(s) in Existing Contract   Effects of Layoff
>
> Other (describe)

8. <u>PUBLIC NOTICE REQUIREMENTS</u>

Date exclusive representative's initial proposals presented to the public:

Date employer's initial proposals presented to the public:

Los Angeles Regional Office	Sacramento Regional Office	San Francisco Regional Office
700 N. Central Avenue, Suite 200	1031 18th Street	1330 Broadway, Suite 1532
Glendale, CA 91203-3219	Sacramento, CA 95814-4174	Oakland, CA 94612-2514
(818) 551-2822	(916) 322-3198	(510) 622-1016

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9. HISTORY OF NEGOTIATIONS/MEET AND CONFER

    Date of first negotiations session:

    Approximate total number of hours spent in negotiations to date:

    Total number of negotiating sessions to date:

10. STATUS OF NEGOTIATIONS/MEET AND CONFER

    Date impasse was declared by a party/parties   Total number of unresolved issues which remain in dispute:
    pursuant to PERB Regulation 32792(a):

    Number of issues on which the parties   Issues which remain in dispute:
    have reached tentative agreement:

    Issues on which tentative agreement has been reached:

11. STATEMENT OF FACTS

    Provide a clear and concise description of the negotiations which have occurred, including the extent to which the parties have made counter-proposals and have discussed the issues which remain in dispute. Identify the facts which indicate that future meetings without the assistance of a mediator would be futile.

DECLARATION

I declare under penalty of perjury that the statements herein are true to the best of my knowledge and belief.

NAME OF REQUESTING PARTY:

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: Date:

NAME OF REQUESTING PARTY:

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: Date:

(Attach a completed Proof of Service form.)

PROOF OF SERVICE

I declare that I am a resident of or employed in the County of   ,

State of   . I am over the age of 18 years and not a party to the within

entitled cause. The name and address of my residence or business is

.

On   , I served the

(Date)   (Describe document(s))

on the parties listed below by (check the applicable method

or methods):

placing a true copy thereof enclosed in a sealed envelope for collection and delivery by the United States Postal Service or private delivery service following ordinary business practices with postage or other costs prepaid;

personal delivery;

facsimile transmission in accordance with the requirements of PERB Regulations 32090 and 32135(d).

(List below all parties served; include name, address, and where applicable, fax number.)

I declare under penalty of perjury that the foregoing is true and correct and that

this declaration was executed on   , at   ,

(Date)   (City)

.

(State)

_____

(Type or print name)   (Signature)